

**PLEASE call this office prior to mailing in the form and fees in order to verify that a GED Diploma is on file. This will assist in processing your request. Thank you.**

**RELEASE FORM**

**RETURN TO:**

*Iowa Department of Education  
Attn: GED Records Specialist  
Bureau of Community Colleges  
Grimes State Office Building  
Des Moines, IA 50319-0146*

*515-281-7308 Phone  
515-281-6544 Fax*

**PERMISSION TO RELEASE GENERAL EDUCATIONAL DEVELOPMENT (GED)  
TEST SCORE TRANSCRIPT**

**I hereby give permission for my GED transcript to be released to the following individual or agency.**

**First copy - \$5.00 \*\*\* Each consecutive copy - \$3.00**  
*It must be a money order payable to the Iowa Department of Education*

***Instructions: Please complete this section in order to locate your record.***

\_\_\_\_\_  
\*Name on Diploma -Lastname, Firstname, Middle

\_\_\_\_\_  
Date Diploma Issued - mm/dd/yy

\_\_\_\_\_  
Diploma #

\_\_\_\_\_  
\*Social Security Number - 000-00-0000

\_\_\_\_\_  
\*Date of Birth - mm/dd/yy

\_\_\_\_\_  
\*Street

\_\_\_\_\_  
\*City

\_\_\_\_\_  
\*State

\_\_\_\_\_  
\*Zip Code

.....  
***Instructions: Complete this section to include the information to whom the transcript should be sent by the Iowa Department of Education. (i.e., requester, employer, institution of higher education, military).***

\_\_\_\_\_  
\*Name

\_\_\_\_\_  
Contact Person's Phone # (if needed)

\_\_\_\_\_  
\*Street Address

\_\_\_\_\_  
\*Additional Address Information

\_\_\_\_\_  
Contact Person's Fax # (if needed)

\_\_\_\_\_  
\*State

\_\_\_\_\_  
\*Zip Code

***Thank you for your assistance in this matter.***

\_\_\_\_\_  
\* Authorized Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Applicant's Phone #

**\* Required Fields**